

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

07

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		941820.56
(b) Cash on Hand at Beginning of Reporting Period	867948.66	
(c) Total Receipts (from Line 19)	178907.69	575167.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1046856.35	1516987.60
7. Total Disbursements (from Line 31)	82457.79	552589.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	964398.56	964398.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	88390.16	194881.92
(i) Itemized (use Schedule A)	48684.91	87623.39
(ii) Unitemized	137075.07	282505.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6666.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	137075.07	289171.31
12. Transfers From Affiliated/Other Party Committees	40000.00	282500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	332.62	1995.73
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	178907.69	575167.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	178907.69	575167.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13567.79	15649.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13567.79	15649.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69250.00	537300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	140.00	140.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	-500.00	-500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-360.00	-360.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82457.79	552589.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	82457.79	552589.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	137075.07	289171.31
34. Total Contribution Refunds (from Line 28(d))	-360.00	-360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137435.07	289531.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13567.79	15649.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13567.79	15649.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 129

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal
Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 6

Transaction ID: 12605826

Amount of Each Receipt this Period

20000.00

B. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC
Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12659247

Amount of Each Receipt this Period

10000.00

C. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal
Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 6

Transaction ID: 12661909

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

40000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. William T Moore

Mailing Address 3014 Castle Pines Drive

City State Zip Code
Duluth GA 30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610213

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Gerald N Fulks

Mailing Address 1514 Vernon Road

City State Zip Code
Lagrange GA 30240-4197

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Georgia Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610215

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Lance B. Duke, FACHE

Mailing Address 1211 Grist Mill Drive

City State Zip Code
Phenix City AL 36867-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medical Center

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610303

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. D Wayne Martin

Mailing Address 902 North Seventh Street

City State Zip Code
Cordele GA 31015-5007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crisp Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610304

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Holly Bates Snow

Mailing Address 4402 Candler Lake East

City State Zip Code
Atlanta GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Healthcare

Occupation
Vice President, Gov't & External Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610305

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. James Yarborough

Mailing Address 70 Medical Center Drive

City State Zip Code
Commerce GA 30529-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer
BJC Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610306

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry Sanders, FACHE

Mailing Address 707 Center Street, Suite 400

City State Zip Code
 Columbus GA 31901-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Health-
care System

Occupation
Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610307

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard Howerton

Mailing Address 3365 W Paces Ferry Ct NW

City State Zip Code
 Atlanta GA 30327-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
VHA Georgia, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. George H. St. George

Mailing Address 306 Cork Pond Road

City State Zip Code
 Sylvania GA 30467-8656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Screven County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Benjamin Underwood
Mailing Address 2104 Murren Drive

City State Zip Code
Smyrna GA 30080-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talbot Recovery Campus

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610312

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert M Trimm
Mailing Address P O Box 139

City State Zip Code
Waycross GA 31502-0139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Satilla Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610313

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul P Hinchey
Mailing Address 11705 Mercy Boulevard

City State Zip Code
Savannah GA 31419-1791

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's/Candler, St.
Joseph's Hos

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610314

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. James L Story, Jr., M.D.

Mailing Address P O Box 1018

City State Zip Code
 Thomasville GA 31799-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
John D. Archbold Memorial
Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: 12610315

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
 Holts Summit MO 65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.60

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613824

Amount of Each Receipt this Period

111.12

C. Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
 Jefferson City MO 65101-8275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.60

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613836

Amount of Each Receipt this Period

111.12

SUBTOTAL of Receipts This Page (optional)

472.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Joe L. Kirk

Mailing Address 1910 East 34th Street

City State Zip Code
Joplin MO 64804-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freeman Health System

Occupation
Sr. VP & Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613839

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. K'Alice Breinig, RN, MN

Mailing Address 504 North Moffet

City State Zip Code
Joplin MO 64801-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freeman Health System

Occupation
Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613841

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Carl J Schindelar

Mailing Address 9000 Franklin Square Drive

City State Zip Code
Baltimore MD 21237-2998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Square Hospital
Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613891

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William C. Schoenhard, FACHE
Mailing Address 420 Fairwood Lane

City State Zip Code
Kirkwood MO 63122-4429

FEC ID number of contributing federal political committee.

C

Name of Employer
SSM Health CareOccupation
Exec. V.P. & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613992

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary D. Duncan, CHE
Mailing Address 1437 Crestwood Drive

City State Zip Code
Joplin MO 64801-1039

FEC ID number of contributing federal political committee.

C

Name of Employer
Freeman Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12613993

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Reginald J. Lavoie
Mailing Address Swiftwater Road

City State Zip Code
Woodsville NH 03785-2001

FEC ID number of contributing federal political committee.

C

Name of Employer
Cottage HospitalOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12614031

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. James I Miller

Mailing Address 77 Pringle Way

City State Zip Code
 Reno NV 89502-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washoe Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12614118

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Thomas O. Barnes

Mailing Address 123 Main Street

City State Zip Code
 Bristol CT 06010-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Hospital

Occupation
Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12614127

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. John W Bluford

Mailing Address 2301 Holmes Street

City State Zip Code
 Kansas City MO 64108-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Truman Medical Centers

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12614244

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Steve W Graddy
Mailing Address 1102 West 32nd Street

City State Zip Code
Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freeman Health System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12614246

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas A Biga
Mailing Address One Clara Maass Drive

City State Zip Code
Irvington NJ 07109-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clara Maass Medical Center

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: 12630579

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. John T Gribbin
Mailing Address 901 West Main Street

City State Zip Code
Freehold NJ 07728-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraState Healthcare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: 12630621

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain Road City State Zip Code New Hope PA 18938-5760 FEC ID number of contributing federal political committee. C Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.92		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: 12630628 Amount of Each Receipt this Period 55.83
B. Full Name (Last, First, Middle Initial) Mr. David P. Lavins Mailing Address 10 Fox Chase Road City State Zip Code Malvern PA 19355-3441 FEC ID number of contributing federal political committee. C Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: 12630645 Amount of Each Receipt this Period 15.00
C. Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code South Orange NJ 07079-1319 FEC ID number of contributing federal political committee. C Name of Employer Saint Barnabas Health Care System Occupation Executive Vice President and General C Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: 12630667 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

570.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Gale Walker

Mailing Address 401 Glynn Drive

City State Zip Code
 Parkston SD 57366-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera St. Benedict Health
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 12658453

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. David M Barrett, M.D.

Mailing Address 41 Mall Road

City State Zip Code
 Burlington MA 01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 12658895

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Rudy C. Snedigar

Mailing Address 171 SE 3rd Lane

City State Zip Code
 Lamar MO 64759-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barton County Memorial Ho-
spital

Occupation
Administrator and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 12659212

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stephen B. Hoven

Mailing Address 645 Huntley Heights

City State Zip Code
Manchester MO 63021-5876

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health CareOccupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: 12661689

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary S. Carter, FACHE

Mailing Address 35 DeHart Drive

City State Zip Code
Belle Mead NJ 08502-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iationOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	6

Transaction ID: 12661838

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	6

Transaction ID: 12661842

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins
Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661843

Amount of Each Receipt this Period

5.00

B. Full Name (Last, First, Middle Initial)
Mr. John Di Angelo
Mailing Address 105 Pancoast Place

City State Zip Code
Mullica Hill NJ 08062-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare
Regional Medic

Occupation
Senior Vice President, Finance & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661851

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Audrey Meyers
Mailing Address 223 North Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661854

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth A. Ryan, Esq.

Mailing Address 760 Alexander Road
P. O. Box 1

City State Zip Code
Princeton NJ 08540-6389

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Carroll

Mailing Address 94 Old Short Hills Road

City State Zip Code
Livingston NJ 07039-5672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Barnabas Health Care
System

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence Salameo

Mailing Address 200 E. Allendale Avenue

City State Zip Code
Allendale NJ 07401-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Erich Florentine
Mailing Address 9 Wyncroft Drive

City State Zip Code
Woodbine NJ 08270-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare
Regional Medic

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661890

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary S Horan, FACHE
Mailing Address 225 Williamson Street

City State Zip Code
Elizabeth NJ 07202-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinitas Hospital-William-
son Street Ca

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: 12661899

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James F Hanko
Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12662794

Amount of Each Receipt this Period

136.35

SUBTOTAL of Receipts This Page (optional)

636.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben Mailing Address 4885 Pheasant Court South City Afton State MN Zip Code 55001-9415 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6 Transaction ID: 12662795 Amount of Each Receipt this Period 269.50
B. Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn Mailing Address 2550 University Avenue City St. Paul State MN Zip Code 55114 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Hospital Association Occupation Vice President of Information Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6 Transaction ID: 12662798 Amount of Each Receipt this Period 140.00
C. Full Name (Last, First, Middle Initial) Ms. Ann Gibson Mailing Address 2550 University Avenue W. Suite 350-S City Saint Paul State MN Zip Code 55114-1052 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Hospital Association Occupation Director, Health Policy & Federal Rela Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.52		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6 Transaction ID: 12662801 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

659.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Mary Krinkie Mailing Address 2550 University Avenue W. Suite 350-S City Saint Paul State MN Zip Code 55114-1052 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Hospital Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 08 / 2006 Transaction ID: 12662802 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Kimber Wraalstad Mailing Address P O Box 759 City Rolla State ND Zip Code 58367-0759 FEC ID number of contributing federal political committee. C Name of Employer Presentation Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 08 / 2006 Transaction ID: 12662941 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Bobby G Thompson Mailing Address 1011 14th Street NW City Ardmore State OK Zip Code 73401-1828 FEC ID number of contributing federal political committee. C Name of Employer Mercy Memorial Health Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 05 / 2006 Transaction ID: 12662965 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Brian K Woodliff

Mailing Address P O Box 1008

City State Zip Code
Tahlequah OK 74465-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahlequah City Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 12662969

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. James R. Castle

Mailing Address 815 Gatehouse Lane

City State Zip Code
Columbus OH 43235-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671444

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. John D. Clough, MD

Mailing Address 1760 Carriage Place

City State Zip Code
Gates Mills OH 44040-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation
Director of Health Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. William W Harding

Mailing Address 659 Boulevard

City State Zip Code
Dover OH 44622-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671446

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Melvin R Creeley

Mailing Address 425 West Fifth Street

City State Zip Code
East Liverpool OH 43920-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Liverpool City Hospi-
tal

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671447

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Douglas W McNeill, FACHE

Mailing Address 105 McKnight Drive

City State Zip Code
Middletown OH 45044-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671448

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cathleen K Nelson

Mailing Address 2600 Navarre Avenue

City State Zip Code
Oregon OH 43616-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles Mercy Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. LaMar L Wyse

Mailing Address 269 Portland Way South

City State Zip Code
Galion OH 44833-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galion Community Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary M. Yost

Mailing Address 924 Riva Ridge Boulevard

City State Zip Code
Gahanna OH 43230-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 12671451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James B. Falahee, Jr. Mailing Address 7463 Cottage Oak Drive City State Zip Code Portage MI 49024-2352 FEC ID number of contributing federal political committee. C Name of Employer Bronson Healthcare Group, Inc. Occupation Senior VP, Legal/Legislative Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12676101 Amount of Each Receipt this Period 280.00
B. Full Name (Last, First, Middle Initial) Mr. Garry C Faja Mailing Address P O Box 995 City State Zip Code Ann Arbor MI 48106-0995 FEC ID number of contributing federal political committee. C Name of Employer Saint Joseph Mercy Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12676120 Amount of Each Receipt this Period 1050.00
C. Full Name (Last, First, Middle Initial) Dr. Mark A Kelley Mailing Address 1124 Covington Road City State Zip Code Bloomfield Hills MI 48301-2363 FEC ID number of contributing federal political committee. C Name of Employer Henry Ford Health System Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12676195 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jim Lee

Mailing Address 803 Greenwich Drive

City State Zip Code
 Grand Ledge MI 48837-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
VP, Corporate Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676207

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)

Ms. Julie MacDonald, R.N.

Mailing Address P O Box 995

City State Zip Code
 Ann Arbor MI 48106-0995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph Mercy Health
System

Occupation
Senior Vice President Patient Care Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676219

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Cheryl Knapp

Mailing Address 7183 Cross Country Drive

City State Zip Code
 Kalamazoo MI 49009-7588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation
Healthcare Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676245

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 129

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Mosley

Mailing Address 6305 Scarborough Drive SE

City State Zip Code
 Ada MI 49301-9089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation
Vice President, Strategy & Business De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676297

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Rodney M Nelson

Mailing Address 220 Burdette Street

City State Zip Code
 Saint Ignace MI 49781-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mackinac Straits Hospital
and Health C

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Douglas E Pattullo

Mailing Address 2463 South M-30

City State Zip Code
 West Branch MI 48661-1199

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Branch Regional Medi-
cal Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676315

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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FOR LINE NUMBER: PAGE 30 / 129

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregory W. Moore

Mailing Address 4047 N. Pennsylvania St.

City State Zip Code
 Indianapolis IN 46205-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hall, Render, Killian, He-
ath & Lyman

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676330

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Kathleen Rhine

Mailing Address 1228 Waterways Dr.

City State Zip Code
 Ann Arbor MI 48108-2782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph Mercy Health
System

Occupation
VP - Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676336

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew G. VanVranken

Mailing Address 5669 Watermark Court SE

City State Zip Code
 Grand Rapids MI 49546-6487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676412

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Matthew Rush
Mailing Address 321 East Harris Street

City State Zip Code
Charlotte MI 48813-1697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hayes-Green-Beach Memorial
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676427

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Way
Mailing Address 7049 Turkey Glen Trail

City State Zip Code
Kalamazoo MI 49009-7082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation
Vice President, Materials Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676429

Amount of Each Receipt this Period

217.50

C. Full Name (Last, First, Middle Initial)
Mr. John Schon
Mailing Address 1721 South Stephenson Avenue

City State Zip Code
Iron Mountain MI 49801-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickinson County Healthca-
re System

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676444

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

717.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 129

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sandra B Bruce
Mailing Address 1055 North Curtis Road

City State Zip Code
Boise ID 83706-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Alphonsus Regional
Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676456

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas Crabtree
Mailing Address P O Box 2077

City State Zip Code
Idaho Falls ID 83403-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Idaho Regional Me-
dical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676461

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Edwin E Dahlberg
Mailing Address 190 East Bannock Street

City State Zip Code
Boise ID 83712-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Regional Medic-
al Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676464

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr Kenneth L Harman

Mailing Address 528 Teton Drive

City State Zip Code
 Burley ID 83318-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cassia Regional Medical
Center

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676468

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Paul A Spaude

Mailing Address 6354 East Bay Lane

City State Zip Code
 Richland MI 49083-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health Alliance

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676478

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)

Mr. Jeffrey W Martin

Mailing Address 700 South Main Street

City State Zip Code
 Moscow ID 83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676482

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Gail May Mailing Address 2894 E. Wildercrest Ln. City State Zip Code Boise ID 83706-6937 FEC ID number of contributing federal political committee. C Name of Employer St. Luke's Regional Medical Center Occupation President, Auxillary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12676486 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Joseph E. Morris, III Mailing Address 304 S 11th Street City State Zip Code Coeur D Alene ID 83814-3905 FEC ID number of contributing federal political committee. C Name of Employer Kootenai Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12676489 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mrs. Deborah Strohaber Mailing Address 1289 Jefferson Rd. City State Zip Code Clarklake MI 49234-9634 FEC ID number of contributing federal political committee. C Name of Employer Foote Health System Occupation Director, Foote Health University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12676503 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles P Swisher, , FACHE

Mailing Address 2121 Hughes Drive, 4th Floor

City State Zip Code
 Sylvania OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer
ProMedica Health System

Occupation
Corporate Vice President Government Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth Taft

Mailing Address 2964 East T Avenue

City State Zip Code
 Portage MI 49002-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation
Executive Vice President & Chief Opera

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676510

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Henry A Veenstra

Mailing Address 8333 Felch Street

City State Zip Code
 Zeeland MI 49464-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zeeland Community Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676513

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Walker
Mailing Address 13268 Speckledwood Dr.

City State Zip Code
Dewitt MI 48820-8165

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676517

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Wesley
Mailing Address 5301 East Huron River Drive

City State Zip Code
Ypsilanti MI 48197-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph Mercy Health
System

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676522

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Sam R. Watson
Mailing Address 1240 E. Mill Street

City State Zip Code
Hastings MI 49058-9185

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Health Foundation

Occupation
Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676545

Amount of Each Receipt this Period

216.00

SUBTOTAL of Receipts This Page (optional)

716.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen J. O'Connor

Mailing Address 606 Hastay Boulevard

City State Zip Code
 Eaton Rapids MI 48827-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Service Corporation

Occupation
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.32

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676602

Amount of Each Receipt this Period

214.32

Full Name (Last, First, Middle Initial)

B. Mrs. Denise Bertin-Epp

Mailing Address 6480 Lodi Meadow Drive

City State Zip Code
 Saline MI 48176-8802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brighton Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676619

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Amy Barkholz

Mailing Address 1100 Onondaga Road

City State Zip Code
 Holt MI 48842-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Sr. Director, Regulatory Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676622

Amount of Each Receipt this Period

216.00

SUBTOTAL of Receipts This Page (optional)

680.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary L. Ursul
Mailing Address 2356 Mission Hills SE

City State Zip Code
Grand Rapids MI 49546-7804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Sr. Dir, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676624

Amount of Each Receipt this Period

216.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter J. Schonfeld
Mailing Address 7105 Cutler Road

City State Zip Code
Bath MI 48808-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Sr. Vice President, Policy & Data Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.90

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676630

Amount of Each Receipt this Period

642.90

C. Full Name (Last, First, Middle Initial)
Mr. Verne J. Rambo, II
Mailing Address 1136 Norfolk Circle

City State Zip Code
Grand Ledge MI 48837-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Vice President, Alternative Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676642

Amount of Each Receipt this Period

312.50

SUBTOTAL of Receipts This Page (optional)

1171.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bradley D. Lonsberry

Mailing Address 4844 Sycamore Street

City State Zip Code
Holt MI 48842-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676693

Amount of Each Receipt this Period

428.58

B. Full Name (Last, First, Middle Initial)
Ms. Lori Latham

Mailing Address 1314 George Street

City State Zip Code
Lansing MI 48910-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
AssociationOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676699

Amount of Each Receipt this Period

214.32

C. Full Name (Last, First, Middle Initial)
Ms. Laura D. Appel

Mailing Address 224 Vicksburg

City State Zip Code
Lansing MI 48917-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
AssociationOccupation
Senior Director, Legislative Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676728

Amount of Each Receipt this Period

645.00

SUBTOTAL of Receipts This Page (optional)

1287.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Terence A. Thomas

Mailing Address 18214 Parkside

City State Zip Code
 Detroit MI 48221-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation
Senior Vice President, External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676738

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Kathleen A. Dickenson

Mailing Address 2678 Moreno Drive

City State Zip Code
 Lansing MI 48911-6460

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Service Corporation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676749

Amount of Each Receipt this Period

625.00

C. Full Name (Last, First, Middle Initial)

Ms. Kimberly Commins

Mailing Address 1170 Fairfax

City State Zip Code
 Birmingham MI 48009-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hall, Render, Killian, Heath & Lyman

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676760

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth Gertz

Mailing Address 1047 Curtis Avenue

City State Zip Code
 Petoskey MI 49770-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Central Council of
the MHA

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.48

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676764

Amount of Each Receipt this Period

321.48

Full Name (Last, First, Middle Initial)

B. Mr. Rob Covert

Mailing Address 200 North Madison Street

City State Zip Code
 Marshall MI 49068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oaklawn Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David S. Finkbeiner

Mailing Address 85 Damon Road

City State Zip Code
 Haslett MI 48840-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Senior Director, Legislative Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.33

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676824

Amount of Each Receipt this Period

321.33

SUBTOTAL of Receipts This Page (optional)

892.81

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jack L Denton

Mailing Address P O Box 130

City	State	Zip Code
Allegan	MI	49010-0130

FEC ID number of contributing
federal political committee.**C**Name of Employer
Eaton Rapids Medical Cent-
erOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676827

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)

Mr. Thomas F. Dickinson

Mailing Address 3916 River Cove Dr.

City	State	Zip Code
Lansing	MI	48917-9564

FEC ID number of contributing
federal political committee.**C**Name of Employer
MHA Insurance CompanyOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676855

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. J. Joseph Diederich

Mailing Address 365 Windy Crest Drive

City	State	Zip Code
Ann Arbor	MI	48105-3014

FEC ID number of contributing
federal political committee.**C**Name of Employer
Oakwood Healthcare, Inc.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676859

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas D DeFauw

Mailing Address 300 East Warwick Drive

City State Zip Code
Alma MI 48801-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gratiot Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676865

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy DeGroot

Mailing Address 274 East Chicago Street

City State Zip Code
Coldwater MI 49036-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Center
of Branch Coun

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerald D Fitzgerald

Mailing Address One Parklane Blvd, Ste 1000E

City State Zip Code
Dearborn MI 48126-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676886

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J. Patrick Dyson

Mailing Address P.O. Box 51167

City	State	Zip Code
Kalamazoo	MI	49005-1167

FEC ID number of contributing
federal political committee.**C**Name of Employer
Borgess Health AllianceOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676911

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Ms. Georgia R Fojtasek

Mailing Address 205 North East Avenue

City	State	Zip Code
Jackson	MI	49201-1753

FEC ID number of contributing
federal political committee.**C**Name of Employer
Foote Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676977

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Dwight Gascho

Mailing Address 170 North Caseville Road

City	State	Zip Code
Pigeon	MI	48755-9704

FEC ID number of contributing
federal political committee.**C**Name of Employer
Scheurer HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12676982

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Sean Gehle

Mailing Address 328 West Ottawa

City State Zip Code
Lansing MI 48933-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation
Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12676984

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert D. Hinman

Mailing Address 2002 Marstoga Dr.

City State Zip Code
Lansing MI 48917-1292

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677026

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. William Jackson

Mailing Address 14700 Lake Shore Drive

City State Zip Code
Charlevoix MI 49720-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlevoix Area Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard C. Helgren

Mailing Address 6300 S. St. Clair Road

City State Zip Code
 St. Johns MI 48879-8144

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Exec. VP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677093

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen S Griffiths

Mailing Address 775 South Main Street

City State Zip Code
 Chelsea MI 48118-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea Community Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary Henriksen

Mailing Address 350 Crosswind Drive

City State Zip Code
 Dimondale MI 48821-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Chief Finance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677102

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ned B Hughes, Jr.
Mailing Address 212 South Sullivan Street

City State Zip Code
Fremont MI 49412-1596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerber Memorial Health Se-
rvices

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677106

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Mr. Spencer Johnson
Mailing Address 2066 Riverwood Drive

City State Zip Code
Okemos MI 48864-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677108

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul E. LaCasse, DO
Mailing Address 6520 Commerce Road

City State Zip Code
West Bloomfield MI 48324-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Botsford General Hospital

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677160

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tom Kaufman

Mailing Address 23388 190th Avenue

City State Zip Code
Hersey MI 49639-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health-Reed City
Campus

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald C Kooy

Mailing Address 401 South Ballenger Highway

City State Zip Code
Flint MI 48532-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677204

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Elliot Joseph

Mailing Address 731 S. Bates

City State Zip Code
Birmingham MI 48009-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation
Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677211

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John F. Lang
Mailing Address 3392 Hidden Ridge Drive

City State Zip Code
Dewitt MI 48820-8767

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677220

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Wayne P Hellerstedt
Mailing Address 502 West Harrie Street

City State Zip Code
Newberry MI 49868-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helen Newberry Joy Hospital

Occupation
Administrator and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677257

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul B. Lerg
Mailing Address 350 Red Tailed Hawk
P.O. Box 332

City State Zip Code
Grayling MI 49738-8787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital Grayling

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677281

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Rolland Mambourg

Mailing Address 1690 Waterside Court

City State Zip Code
Ann Arbor MI 48108-8578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph Mercy Health
System

Occupation
Vice President, Physician Services, CM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677290

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. David L. Marcellino

Mailing Address 41511 Thoreau Ridge

City State Zip Code
Novi MI 48377-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Botsford General Hospital

Occupation
Corporate Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677295

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth J Matzick

Mailing Address 3601 West Thirteen Mile Road

City State Zip Code
Royal Oak MI 48073-6769

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospitals

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677314

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Thomas R Lemon

Mailing Address 825 North Center Street

City	State	Zip Code
Gaylord	MI	49735-1592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Otsego Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12677337

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Marilyn Litka-Klein

Mailing Address 16930 Pine Hollow Drive

City	State	Zip Code
East Lansing	MI	48823-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
AssociationOccupation
Sr. Director, Health Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12677338

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Tammy Lundstrom, MD

Mailing Address 30220 Leemoor

City	State	Zip Code
Beverly Hills	MI	48025-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical CenterOccupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Transaction ID: 12677342

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Norma R Hagenow, R.N.

Mailing Address One Genesys Parkway

City State Zip Code
 Grand Blanc MI 48439-8065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677379

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Milewski

Mailing Address 1000 Harrington Boulevard

City State Zip Code
 Mount Clemens MI 48043-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Clemens General Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677392

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas C Mroczkowski

Mailing Address 416 Connable Avenue

City State Zip Code
 Petoskey MI 49770-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Michigan Regional
Health Syst

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677400

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mrs. Tracy Muscat Mailing Address 29165 Summerwood Court City Farmington Hills State MI Zip Code 48334-3047 FEC ID number of contributing federal political committee. C Name of Employer St. Joseph Mercy Oakland Occupation Vice President, Fund Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12677406 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Patrick Murtha Mailing Address P O Box 659 City Tawas City State MI Zip Code 48764-0659 FEC ID number of contributing federal political committee. C Name of Employer St. Joseph Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12677411 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ms. Nancy McKeague Mailing Address 952 Roxburgh Avenue City East Lansing State MI Zip Code 48823-3131 FEC ID number of contributing federal political committee. C Name of Employer Michigan Health & Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12677473 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Brian Peters Mailing Address 3051 Crofton Dr. City State Zip Code Dewitt MI 48820-7770 FEC ID number of contributing federal political committee. C Name of Employer Michigan Health & Hospital Association Occupation Senior Vice President, Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12677485 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Mr. Philip H McCorkle, Jr. Mailing Address 200 Jefferson Avenue SE City State Zip Code Grand Rapids MI 49503-4502 FEC ID number of contributing federal political committee. C Name of Employer Saint Mary's Health Care Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12677518 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Robert Riney Mailing Address 45989 Tournament Drive City State Zip Code Northville MI 48167-9633 FEC ID number of contributing federal political committee. C Name of Employer Henry Ford Health System Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: 12677532 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Andrea R. Price, , FACHE
Mailing Address 1105 South Drive

City State Zip Code
Flint MI 48503-4754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Health System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677551

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Ms. Diane M. Radloff
Mailing Address 3211 Governors Lane

City State Zip Code
Commerce Township MI 48390-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Hospital and
Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677570

Amount of Each Receipt this Period

425.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy M Schlichting
Mailing Address One Ford Place

City State Zip Code
Detroit MI 48202-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677584

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Seaman
Mailing Address 805 Ledge Moor Blvd.

City State Zip Code
Grand Ledge MI 48837-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677597

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)
Mr. Frank J Sardone
Mailing Address One Healthcare Plaza

City State Zip Code
Kalamazoo MI 49007-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677624

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Elizabeth S. Schnettler
Mailing Address 9120 Port Austin Road

City State Zip Code
Bay Port MI 48720-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Council of East
Central Michi

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677642

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sue Reinoehl
Mailing Address 6778 Brickleton Court

City State Zip Code
Portage MI 49024-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronson Healthcare Group,
Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677658

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. James J Sexton
Mailing Address 2333 Biddle Avenue

City State Zip Code
Wyandotte MI 48192-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Wyandotte Hosp-
ital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677715

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph M Tasse
Mailing Address 7733 East Jefferson Avenue

City State Zip Code
Detroit MI 48214-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Detroit Riverview
Hospital -

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677725

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dennis A. Swan
Mailing Address 3741 Chippendale

City State Zip Code
Okemos MI 48864-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Health System

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677737

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Karol Wareck
Mailing Address 8383 Timpson Ave. SE

City State Zip Code
Alto MI 49302-9659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677751

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Allen D. Tucker, Jr.
Mailing Address 10302 Greenbrier Drive

City State Zip Code
Brighton MI 48114-8996

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Health System

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677754

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jerry Welsh
Mailing Address 6240 Knoll Drive

City State Zip Code
 Middleville MI 49333-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Purchasing Service

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677769

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jack Weiner
Mailing Address 44405 Woodward Avenue

City State Zip Code
 Pontiac MI 48341-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Oakland

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677779

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Wayne T. Zack
Mailing Address 3243 Hulett Rd.

City State Zip Code
 Mason MI 48854-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Sr. Director of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677853

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steve Barnett

Mailing Address 210 South First Street

City State Zip Code
Harbor Beach MI 48441-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Beach Community Ho-
spital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony A Armada

Mailing Address 2799 West Grand Boulevard

City State Zip Code
Detroit MI 48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Clark Ballard

Mailing Address 1601 Willoughby Road

City State Zip Code
Mason MI 48854-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677919

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard C Breon
Mailing Address 100 Michigan Street NE

City State Zip Code
Grand Rapids MI 49503-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677957

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Cawley
Mailing Address 11803 Silverspring Dr.

City State Zip Code
Dewitt MI 48820-7731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheridan Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677968

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Brian M Connolly
Mailing Address 1221 Pine Grove Avenue

City State Zip Code
Port Huron MI 48060-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Water Health Services Corporation

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12677982

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger Spoelman

Mailing Address 1500 East Sherman Boulevard

City State Zip Code
Muskegon MI 49444-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy General Health Part-
ners

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12678026

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark R Taylor

Mailing Address 22101 Moross Road

City State Zip Code
Detroit MI 48236-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Hospital and Med-
ical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12678050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Casalou

Mailing Address 26462 Glenwood Drive

City State Zip Code
Novi MI 48374-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Park Hospital
and Medical C

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: 12678081

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 129

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark B. Carter

Mailing Address 200 Abraham Flexner Way

City State Zip Code
Louisville KY 40202-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital & St. Mar-
y's HealthCare

Occupation
Sr. Vice President and Chief Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681115

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)

Mr. Greg Kiser

Mailing Address P O Box 769

City State Zip Code
Louisia KY 41230-0769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Three Rivers Medical Cent-
er

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681116

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)

Ms. Barbara Cunningham

Mailing Address One Medical Village Drive

City State Zip Code
Edgewood KY 41017-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Medical Cen-
ter-Grant Cou

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681117

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert Prichard

Mailing Address 222 Ft. Mitchell Avenue

City State Zip Code
Ft Mitchell KY 41011-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Medical Cen-
ter-Grant Cou

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681118

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Andrew Patterson

Mailing Address 80 Highland Street

City State Zip Code
Laconia NH 03246-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer
LRGhealthcare

Occupation
Director, Contracting & Corp. Complian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681128

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Thomas Clairmont

Mailing Address 80 Highland Street

City State Zip Code
Laconia NH 03246-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer
LRG Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul Gardent

Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth-Hitchcock Medic-
al Center

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681130

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Marlene J Krein

Mailing Address 1031 Seventh Street NE

City State Zip Code
Devils Lake ND 58301-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681151

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Walter Ettinger, M.D.

Mailing Address 119 Belmont Street

City State Zip Code
Worcester MA 01605-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMass Memorial Medical Ce-
nter

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681160

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard P. de Filippi, Ph.D.

Mailing Address 189 Upland Road

City State Zip Code
 Cambridge MA 02140-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Health Alliance

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John Hanshaw

Mailing Address 1200 East 3900 South

City State Zip Code
 Salt Lake City UT 84124-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mark's Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681162

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Slusky

Mailing Address 289 County Road

City State Zip Code
 Windsor VT 05089-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Ascutney Hospital and
Health Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681165

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Laura J. Redoutey, FACHE
Mailing Address 2520 Bretigne Circle

City State Zip Code
Lincoln NE 68512-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 12681219

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. David R. Hewett
Mailing Address 5813 Tomar Road

City State Zip Code
Sioux Falls SD 57108-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Dakota Assoc. of He-
althcare Orga

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12681224

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Pamela J Rezac
Mailing Address 501 Summit Avenue

City State Zip Code
Yankton SD 57078-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Sacred Heart Hospit-
al

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12681227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John T Porter

Mailing Address P O Box 38

City State Zip Code
Yankton SD 57078-0038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12681228

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Suzanne Respass

Mailing Address 1600 Seventh Avenue South

City State Zip Code
Birmingham AL 35233-1785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital of Al-
abama, The

Occupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12681272

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Terry G Hoff

Mailing Address P O Box 5020

City State Zip Code
Minot ND 58702-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12681355

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Kathleen Hoeft

Mailing Address P O Box 450

City State Zip Code
 Ashley ND 58413-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashley Medical Center

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12681373

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Barbara S Blevins

Mailing Address P O Box 22993

City State Zip Code
 Knoxville TN 37933-0993

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkwest Medical Center

Occupation
President and Chief Administrative Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682908

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Linda Crawford

Mailing Address 142 West 5th Street

City State Zip Code
 Cookeville TN 38501-1760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cookeville Regional Medic-
al Center

Occupation
Assistant Administrator, Nursing Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682909

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph M Dawson

Mailing Address 907 East Lamar Alexander Pkwy

City State Zip Code
 Maryville TN 37804-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blount Memorial Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682910

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Marvin Eichorn

Mailing Address 400 North State of Franklin Rd

City State Zip Code
 Johnson City TN 37604-6094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson City Medical Center

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas H Gee

Mailing Address P O Box 1030

City State Zip Code
 Paris TN 38242-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry County Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 129

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gregg Gentry
Mailing Address 975 East Third Street

City State Zip Code
Chattanooga TN 37403-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Medical Center

Occupation
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682913

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Judith V. Ingala
Mailing Address 400 North State of Franklin Road

City State Zip Code
Johnson City TN 37604-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson City Medical Center

Occupation
Vice President and CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682914

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Korth

Mailing Address P O Box 340

City State Zip Code
Cookeville TN 38503-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cookeville Regional Medical Center

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Robert P Main Mailing Address One Siskin Plaza City State Zip Code Chattanooga TN 37403-1306 FEC ID number of contributing federal political committee. C Name of Employer Siskin Hospital for Physical Rehabilit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: 12682916 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Mr. Ken Marshall Mailing Address 400 North State Of Franklin Road City State Zip Code Johnson City TN 37604-6035 FEC ID number of contributing federal political committee. C Name of Employer Mountain States Health Alliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Sr. Vice President, Medical Affairs Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: 12682917 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Bernard L Mattingly Mailing Address P O Box 340 City State Zip Code Cookeville TN 38503-0340 FEC ID number of contributing federal political committee. C Name of Employer Cookeville Regional Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: 12682918 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Janice M. McKinley, RN, FACHE

Mailing Address 939 Vista Oaks Lane

City State Zip Code
 Knoxville TN 37919-4445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkwest Medical Center

Occupation
Vice President & Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682919

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. John W. Melton

Mailing Address 400 N State of Franklin

City State Zip Code
 Johnson City TN 37604-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain States Health Al-
liance

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682920

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert Otwell

Mailing Address 1224 Trotwood Avenue

City State Zip Code
 Columbia TN 38401-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maury Regional Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682921

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 74 / 129

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Byron Quinton

Mailing Address PO Box 580

City State Zip Code
Waynesboro TN 38485-0580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682922

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Anthony L. Spezia

Mailing Address 100 Fort Sanders West Blvd

City State Zip Code
Knoxville TN 37922-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682923

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Dennis Vonderfecht

Mailing Address 701 N State of Franklin, Ste 1

City State Zip Code
Johnson City TN 37604-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain States Health Al-
liance

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682924

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William R Walter
Mailing Address 1224 Trotwood Avenue

City State Zip Code
Columbia TN 38401-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maury Regional Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682925

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles H Whitfield, Jr.
Mailing Address 1420 Tusculum Boulevard

City State Zip Code
Greeneville TN 37745-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laughlin Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12682926

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary Herbek
Mailing Address 14249 Clubhouse Road

City State Zip Code
Gainesville VA 20155-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687134

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J. Andrew Byrd
Mailing Address 9263 Fawnlily Court

City State Zip Code
Manassas VA 20110-6082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687135

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael J Schwartz
Mailing Address P O Box 2610

City State Zip Code
Manassas VA 20108-0867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687138

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Alan Chapman
Mailing Address 330 Greens Edge Drive

City State Zip Code
Chesapeake VA 23322-8078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours-DePaul Medical
Center

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687150

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Eleanor F Bradshaw

Mailing Address 1309 Kempsville Road

City State Zip Code
Norfolk VA 23502-2286

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Taylor Transitional
Care Hospital

Occupation
Director Development and Government Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687154

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Patrick Noland

Mailing Address 292 Hunters Ridge Road

City State Zip Code
Winchester VA 22602-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687155

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Christopher Mosley

Mailing Address 1366 Simon Drive

City State Zip Code
Chesapeake VA 23320-7668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake General Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687156

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. David Niven

Mailing Address P O Box 2028

City State Zip Code
 Chesapeake VA 23327-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake General Hospital

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687157

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Ernest C Padden

Mailing Address P O Box 2028

City State Zip Code
 Chesapeake VA 23327-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake General Hospital

Occupation
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687172

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert Guanci

Mailing Address 1216 Master Row

City State Zip Code
 Chesapeake VA 23320-9454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryview Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687178

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Joan Roscoe

Mailing Address P O Box 3340

City State Zip Code
 Winchester VA 22604-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687180

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Christina Claunch

Mailing Address 14405 Fowlers Mill Drive

City State Zip Code
 Gainesville VA 20155-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation
Interim Vice President Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687189

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Johnese M. Spisso, RN, MPA

Mailing Address 11344 Riviera Place NE

City State Zip Code
 Seattle WA 98125-5960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborview Medical Center

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael D. Wilson
Mailing Address 1228 E. Overbluff

City State Zip Code
Spokane WA 99203-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Cent-
er

Occupation
President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687226

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy J Bitting
Mailing Address 2901 Squalicum Parkway

City State Zip Code
Bellingham WA 98225-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation
Regional Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687227

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard J Umbdenstock
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687228

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Calvin K Knight

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health ServicesOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: 12687229

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Diane Cecchetti, RN, MS

Mailing Address 12709 54th Avenue, NW

City State Zip Code
Gig Harbor WA 98332-8853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MultiCare Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: 12687230

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. C Scott Bond

Mailing Address 413 Lilly Road NE

City State Zip Code
Olympia WA 98506-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence St. Peter HospitalOccupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: 12687231

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Marcel C Loh

Mailing Address 500 17th Avenue

City State Zip Code
Seattle WA 98124-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center-Pr-
vidence Camp

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687232

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Michelle McEwen

Mailing Address 16 Hospital Road

City State Zip Code
Plymouth NH 03264-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spear Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687245

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Curt Kretzinger

Mailing Address 5325 Faraon Street

City State Zip Code
Saint Joseph MO 64506-3398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Regional Medical
Center

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12687282

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Nancy Harris

Mailing Address P O Box 250

City	State	Zip Code
Marshall	MO	65340-0250

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fitzgibbon HospitalOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: 12687290

Amount of Each Receipt this Period

230.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert T. Brodhead

Mailing Address 5331 South Virginia Avenue

City	State	Zip Code
Springfield	MO	65810-2873

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. John's HospitalOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: 12688415

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. A. James Budzinski

Mailing Address 1530 East Erie, Apt. 103H

City	State	Zip Code
Springfield	MO	65804-5712

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. John's Health SystemOccupation
Senior Vice President and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: 12688417

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Houser

Mailing Address PO Box 545

City State Zip Code
 Canyon City OR 97820-0545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Mountain Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12688643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian A Gragnolati

Mailing Address 8600 Old Georgetown Road

City State Zip Code
 Bethesda MD 20814-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suburban Hospital Health-
care System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12689211

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert R. Neall

Mailing Address 600 North Wolfe Street

City State Zip Code
 Baltimore MD 21287-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 12689229

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mandy C Goble
Mailing Address 205 Palmer Avenue

City State Zip Code
Bellefontaine OH 43311-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12690913

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas L Sieber
Mailing Address 2951 Maple Avenue

City State Zip Code
Zanesville OH 43701-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12690914

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine
Mailing Address 12675 Riviera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Association

Occupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12692384

Amount of Each Receipt this Period

111.12

SUBTOTAL of Receipts This Page (optional)

611.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith
Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12692396

Amount of Each Receipt this Period

111.12

B. Full Name (Last, First, Middle Initial)
Mr. Michael A. Baumgartner
Mailing Address 1815 Walton Bend

City State Zip Code
Maryville MO 64468-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital and
Health Service

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12692401

Amount of Each Receipt this Period

222.75

C. Full Name (Last, First, Middle Initial)
Dr. George A. Pagels
Mailing Address 832 West 63rd

City State Zip Code
Kansas City MO 64113-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's East-Lee's
Summit

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 12692407

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional)

563.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Katie Vaughan Mailing Address 10-B Auburn Court City Alexandria State VA Zip Code 22305-2924 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washington Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1034595117100 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washington Occupation VP & Chief Washington Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726217100 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal Mailing Address 325 Seventh Street, NW City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washington Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613617100 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
 Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727317100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code
 Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745917100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
 Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801717100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812017100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851917100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858017100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877817100

Amount of Each Receipt this Period

83.32

P/R Deduction (\$41.66 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942117100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorschbach

Mailing Address 204 South 7th Avenue

City State Zip Code
 La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136917100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

243.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City State Zip Code
 Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223817100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Calbreith L. Simpson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224817100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224917100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260917100	
Mailing Address 325 Seventh Street, NW Suite 700			Amount of Each Receipt this Period 160.00	
City	State	Zip Code		
Washington	DC	20004-2818		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	P/R Deduction (\$80.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310417100	
Mailing Address 1221 Cavalier Road			Amount of Each Receipt this Period 80.00	
City	State	Zip Code		
Arnold	MD	21012-2126		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Sr. Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312717100	
Mailing Address 1001 N. Potomac St.			Amount of Each Receipt this Period 80.00	
City	State	Zip Code		
Arlington	VA	22205-1629		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328341817100	
City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period <div>80.00</div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>520.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 200 Clover Hill Court		Transaction ID: PR328511817100	
City Yardley	State PA	Zip Code 19067-5736	Amount of Each Receipt this Period <div>95.20</div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>342.80</div>		
C. Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 909 N. Madison St.		Transaction ID: PR328512017100	
City Arlington	State VA	Zip Code 22205-1655	Amount of Each Receipt this Period <div>40.00</div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>260.00</div>		

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$47.60 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

215.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl Mailing Address 801 Pennsylvania Ave, NW #245 City Washington State DC Zip Code 20004-2615 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328767017100 Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Washingt Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey Mailing Address AHA One North Franklin Street City Chicago State IL Zip Code 60606 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329013417100 Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Abuse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD Mailing Address 1905 Christopher Place City Harrisburg State PA Zip Code 17110-3573 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329071317100 Amount of Each Receipt this Period 120.00
Name of Employer Center for Healthcare Governance Occupation President and COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-ChicagoOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
 . . / . . /

Transaction ID: PR329215717100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)B. Full Name (Last, First, Middle Initial)
Ms. Tama MattocksMailing Address 325 Seventh Street, NW
Liberty Place, Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 . . / . . /

Transaction ID: PR330273417100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)C. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
 Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-ChicagoOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
 . . / . . /

Transaction ID: PR330475417100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Donald Nielsen, MD
Mailing Address 195 Oxford Court

City State Zip Code
Alamo CA 94507-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330524817100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard
Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534317100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell
Mailing Address 530 North Lakeshore Drive
Unit 2303

City State Zip Code
Chicago IL 60611-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547717100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549217100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776117100

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City State Zip Code
 Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association

Occupation
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416017100

Amount of Each Receipt this Period

83.32

P/R Deduction (\$41.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

166.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls Street

City State Zip Code
 Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533217100

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR517619717100

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

88390.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 129

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
People For English

Mailing Address PO Box 1940

City State Zip Code
 Erie PA 16507

FEC ID number of contributing
federal political committee.

C C00283606

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 12614024

Amount of Each Receipt this Period

1500.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1995.73

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: 12778393

Amount of Each Receipt this Period

332.62

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)

332.62

TOTAL This Period (last page this line number only)

332.62

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12778394

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

239.15

Bank Fees

Full Name (Last, First, Middle Initial)

B. Public Opinion Strategies

Mailing Address 214 North Fayette Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Polling Services

Candidate Name

005
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12663422

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

13300.00

Polling Services

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12778395

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

28.64

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

13567.79

TOTAL This Period (last page this line number only)

13567.79

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12605492

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12605502

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. LINCPAC - Leadership in the New Century PAC

Mailing Address 818 Connecticut Ave.,NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12605488

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Ferguson for Congress

Mailing Address 340 North Ave E
Ste. 6

City Cranford State NJ Zip Code 07016

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike Ferguson

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 7

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12620375

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street, NW
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12619495

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

3500.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard E. Neal

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12619497

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cleaver For Congress

Mailing Address 4801 Main Street Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Emanuel Cleaver, II

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12619499

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Radanovich For Congress

Mailing Address 30151 Tomas Street

City Rancho Sta Mrgrita State CA Zip Code 92688

Purpose of Disbursement
Contribution

Candidate Name
Rep. George P. Radanovich

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 19

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12650096

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim M. Ramstad

Office Sought: ☒ House
☐ Senate
☐ President

State: MN District: 3

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12650100

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Akaka In 2006

Mailing Address C/O 904 Nana Honua Street

City Honolulu State HI Zip Code 96825

Purpose of Disbursement
Contribution

Candidate Name
Sen. Daniel Kahikina Akaka

Office Sought: ☐ House
☒ Senate
☐ President

State: HI District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12630766

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement
Contribution

Candidate Name
Rep. John S. Tanner

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 8

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12650090

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kilpatrick For United States Congress

Mailing Address PO Box 32175

City Detroit State MI Zip Code 48232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn Cheeks Kilpatrick

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 13

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12650104

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rahm Emanuel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 12650095

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address P.O.Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12630741

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. PHILPAC: Prosperity Helps Inspire Liberty

Mailing Address P.O. Box 26366

City
Alexandria

State
VA

Zip Code
22313

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12630748

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kuhl For Congress

Mailing Address 10 Ganesvoort Street
Suite 101

City Bath State NY Zip Code 14810

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Randall Kuhl

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 29

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12650093

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Mailing Address PO Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brian M. Higgins

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 27

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12650102

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. CHRISPAC: Citizens for Hope Responsib Indep & Svc

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12630744

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Poe For Congress

Mailing Address P.O. Box 14222

City
Humble

State
TX

Zip Code
77347

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ted Poe

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 2

Transaction ID: 12650098

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Longhorn PAC

Mailing Address 228 S. Washington St.
Suite B-20

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12630762

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 12630400

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 12754545

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chet Edwards For Congress

Mailing Address PO Box 23273

City
Waco

State
TX

Zip Code
76702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chet Edwards

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: 12630729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. PHILPAC: Prosperity Helps Inspire Liberty

Mailing Address P.O. Box 26366

City
Alexandria

State
VA

Zip Code
22313

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12630384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Regula For Congress Committee

Mailing Address 228 S. Washington St. Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
ContributionCandidate Name
Rep. Ralph Regula011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: 12663382

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stupak For CongressMailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
ContributionCandidate Name
Rep. Bart Stupak011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 12663375

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement
ContributionCandidate Name
Rep. James T. Walsh011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 12663383

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 C Street SE
Lower Unit

City Washington State DC Zip Code 20003

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12663339

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

B. Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name
Rep. Hilda L. Solis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 32

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12663411

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles A. Gonzalez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 20

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12663373

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lincoln Diaz-Balart For Congress Committee

Mailing Address 2801 Ponce De Leon Blvd. Ste 1000

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lincoln G. Diaz-Balart

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 21

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12663401

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Ann Emerson

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12663377

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
Seaford NY 11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12663387

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hayes For Congress

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robin C. Hayes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 8

Transaction ID: 12663415

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sam Farr for Congress

Mailing Address 1010 S Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sam Farr

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 17

Transaction ID: 12663420

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Wilson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 2

Transaction ID: 12663379

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Ginny Brown-Waite

Mailing Address 704 Ponce De Leon Blvd

City Brooksville State FL Zip Code 34601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Virginia Brown-Waite

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12663380

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City Barrington State IL Zip Code 60010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa L. Bean

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12663374

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Wisconsin Leadership PAC

Mailing Address 1667 K Street, NW
Suite 700

City Washington State DC Zip Code 20006

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12663372

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City
Morristown

State
NJ

Zip Code
07960

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Rodney P. Frelinghuysen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 11

Transaction ID: 12663979

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City
Clinton

State
MD

Zip Code
20735

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Steny H. Hoyer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 12663778

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City
Clinton

State
MD

Zip Code
20735

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Steny H. Hoyer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 12663782

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kilpatrick For United States Congress

Mailing Address PO Box 32175

City
DetroitState
MIZip Code
48232Purpose of Disbursement
ContributionCandidate Name
Rep. Carolyn Cheeks Kilpatrick

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: 12663977

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Tim Johnson

Mailing Address PO Box 17097

City
UrbanaState
ILZip Code
61803Purpose of Disbursement
ContributionCandidate Name
Rep. Timothy V. Johnson

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 15

Transaction ID: 12663783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. PETEPAC: People for Enterprise Trade & Econ GrowthMailing Address 3686 King Street
#146City
AlexandriaState
VAZip Code
22302Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12663444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Porter For Congress

Mailing Address PO Box 26087

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jon C. Porter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 12663882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. CHRISPAC: Citizens for Hope Responsib Indep & Svc

Mailing Address 607 14th Street, NW
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12663423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Freedom & Democracy Fund

Mailing Address 610 S. Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12663441

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Snowe For Senate

Mailing Address P.O. Box 2006

City
Portland

State
ME

Zip Code
04104

Purpose of Disbursement
Contribution

Candidate Name
Sen. Olympia J. Snowe

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: 12672277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address 29 Ruff Circle

City
Glastonbury

State
CT

Zip Code
06033

Purpose of Disbursement
Contribution

Candidate Name
Rep. John B. Larson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 1

Transaction ID: 12672284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lautenberg For Senate

Mailing Address Gateway One 23rd Floor

City
Newark

State
NJ

Zip Code
07102

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Frank R. Lautenberg

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 2

Transaction ID: 12672291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McCrery For Congress Committee

Mailing Address Post Office Box 52956

City
Shreveport

State
LA

Zip Code
71135

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 12672279

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nathan Deal For Congress

Mailing Address PO Box 902

City
Gainesville

State
GA

Zip Code
30503

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nathan Deal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 12672300

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lobiando For Congress

Mailing Address PO Box 775

City
Marmora

State
NJ

Zip Code
08223

Purpose of Disbursement
Void of 5/12/2006 Contribution

Candidate Name
Rep. Frank A. LoBiondo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 2

Transaction ID: 12664600

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 5/12/2006 Contrib-
ution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 / 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Miller For Congress

Mailing Address P. O. Box 126

City
Pensacola

State
FL

Zip Code
32591

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jeff B. Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 1

Transaction ID: 12672297

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 2368

City
Joliet

State
IL

Zip Code
60434

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gerald C. Weller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 12681095

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Republican Main Street Partnership PAC

Mailing Address 1350 Eye Street, NW
Suite 560

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12681094

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sue Kelly For Congress

Mailing Address PO Box 599

City
Katonah

State
NY

Zip Code
10536

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue W. Kelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 12754206

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sue Kelly For Congress

Mailing Address PO Box 599

City
Katonah

State
NY

Zip Code
10536

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue W. Kelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 12754293

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite A307

City
Timonium

State
MD

Zip Code
21093

Purpose of Disbursement
Contribution

Candidate Name
Rep. C.A. Dutch Ruppersberger

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 2

Transaction ID: 12681096

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Marshall

Mailing Address PO Box 125

City
MaconState
GAZip Code
31201Purpose of Disbursement
ContributionCandidate Name
Rep. Jim Marshall011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 12681097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address P.O. Box 425

City
RoswellState
GAZip Code
30077Purpose of Disbursement
ContributionCandidate Name
Rep. Thomas E. Price, M.D.011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 12681098

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Zach WampMailing Address P.O. Box 24804
651 E. Fourth St. Suite 200City
ChattanoogaState
TNZip Code
37422Purpose of Disbursement
Void of 5/18/2005 ContributionCandidate Name
Rep. Zach Wamp011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 3

Transaction ID: 12780260

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

-2000.00

Void of 5/18/2005 Contrib-
ution

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kirk For Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
Void of 3/11/2005 Contribution

Candidate Name
Rep. Mark Steven Kirk

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 12780243

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 3/11/2005 Contribution

Full Name (Last, First, Middle Initial)

B. Kirk For Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
Void of 11/14/2005 Contribution

Candidate Name
Rep. Mark Steven Kirk

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 12780274

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 11/14/2005 Contribution

Full Name (Last, First, Middle Initial)

C. Northup For Congress

Mailing Address PO Box 7313

City
Louisville

State
KY

Zip Code
40257

Purpose of Disbursement
Void of 4/25/2005 Contribution

Candidate Name
Rep. Anne M. Northup

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 3

Transaction ID: 12780247

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 4/25/2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McNulty For Congress

Mailing Address P.O. Box 1560

City State Zip Code
Green Island NY 12183

Purpose of Disbursement
Void of 9/26/2005 Contribution

Candidate Name
Rep. Michael R. McNulty

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 21

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12780271

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 9/26/2005 Contribution

Full Name (Last, First, Middle Initial)

B. Doggett For U.S. Congress

Mailing Address PO Box 5843

City State Zip Code
Austin TX 78763

Purpose of Disbursement
Void of 6/29/2005 Contribution

Candidate Name
Rep. Lloyd Doggett

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 25

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12780269

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 6/29/2005 Contribution

Full Name (Last, First, Middle Initial)

C. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City State Zip Code
Baltimore MD 21203

Purpose of Disbursement
Void of 11/29/2005 Contribution

Candidate Name
Rep. Elijah E. Cummings

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 7

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12780276

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-250.00

Void of 11/29/2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

-2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Congress

Mailing Address P O Box 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Void of 6/14/2005 Contribution

Candidate Name
Rep. Tammy Baldwin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 2

Transaction ID: 12780268

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 6/14/2005 Contribution

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '08

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement
Void of 5/16/2005 Contribution

Candidate Name
Sen. Mitch McConnell

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 12780259

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 5/16/2005 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement
Void of 4/18/2005 Contribution

Candidate Name
Rep. Roy Blunt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 12780244

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 4/18/2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Void of 9/28/2005 Contribution

Candidate Name
Rep. Anna G. Eshoo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 12780272

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 9/28/2005 Contribution

Full Name (Last, First, Middle Initial)

B. Enzi For Us Senate

Mailing Address PO Box 2775

City
Cody

State
WY

Zip Code
82414

Purpose of Disbursement
Void of 5/9/2005 Contribution

Candidate Name
Sen. Michael B. Enzi

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 2

Transaction ID: 12780249

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 5/9/2005 Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Conrad Burns 2006

Mailing Address Post Office Box 70397

City
Washington

State
DC

Zip Code
20024

Purpose of Disbursement
Void of 2/23/2004 Contribution

Candidate Name
Sen. Conrad Burns

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 2

Transaction ID: 12780233

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 2/23/2004 Contribution

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Void of 11/17/2005 Contribution

Candidate Name
Sen. Orrin G. Hatch

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 1

Transaction ID: 12780275

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 11/17/2005 Contribution

Full Name (Last, First, Middle Initial)

B. PHILPAC: Prosperity Helps Inspire Liberty

Mailing Address P.O. Box 26366

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Void of 2/9/2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12780242

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-2000.00

Void of 2/9/2005 Contribution

Full Name (Last, First, Middle Initial)

C. Chris Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement
Void of 9/1/2005 Contribution

Candidate Name
Rep. Chris Chocola

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 2

Transaction ID: 12780270

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 9/1/2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Responsibility and Freedom Work PAC

Mailing Address PO Box 196

City
TupeloState
MSZip Code
38802Purpose of Disbursement
Void of 11/14/2005 Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12780273

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

Void of 11/14/2005 Contri-
bution

Full Name (Last, First, Middle Initial)

B. Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Void of 2/4/2005 Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12780241

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

-2000.00

Void of 2/4/2005 Contribu-
tion

Full Name (Last, First, Middle Initial)

C. LEAD PAC (Leadership for America's Future)Mailing Address 228 Washington Street
Suite 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Void of 1/11/2006 Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12780277

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

Void of 1/11/2006 Contribu-
tion

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

69250.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bricker & Eckler PAC

Mailing Address 100 South Third Street

City
Columbus

State
OH

Zip Code

Purpose of Disbursement
Void of 5/23/2005 Check

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12786170

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

-500.00

Void of 5/23/2005 Check

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

-500.00